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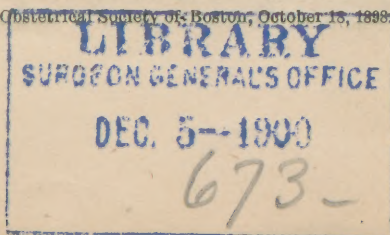
FIBROMA OF THE VULVA.¹

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THE comparative infrequency of tumors of the character and size of the one I have here renders it desirable that such cases should be recorded. In 420 primary neoplasms of the external genitals in women Williams found only 17 fibromata, or only about one in 600 of all the new growths in women he tabulated.

E. M., white, age forty-one years, the mother of three children, first noticed a few months after the birth of her youngest child, nine years ago, a small tumor of the left labium majus. At first it protruded "like a pipe stem," and was, according to her, of uniform consistency, but three years later, when it was about an inch long, its lowest part began to become indurated. While for some years she had had pelvic symptoms, they were probably due to an endometritis rather than to the tumor, which troubled her only by its weight and the fact that she sometimes found that she was sitting upon it. There was always a marked increase in the size of the tumor at each menstruation, it doubling at least, the increase beginning a week before the flow and reaching its maximum on the first day, and then gradually subsiding until the normal was reached in about a week, the flow itself lasting only five days. At these times the tumefaction was generally sufficient to cause the appearance of a number of painless serous blisters the size of the thumb-nail.

¹ Read before the Obstetrical Society of Boston, October 13, 1898.



Upon examination she was found to have this tumor hanging from the outer side of the left labium majus, just above the level of the clitoris, by a pedicle 20 centimetres in length and 4 centimetres in circumference. The tumor itself was pear-shaped, very edematous, and much larger than at present, its greatest circumference being about 28 centimetres. It was covered with fairly smooth non-adherent skin above, while below the skin was thickened and puckered in around an ulceration 2 centimetres in diameter at the most dependent point. This ulcer had existed for a number of months at least, but was a source of annoyance only from the necessity of keeping it clean. The tumor was much harder below than above, but not nodular. It was not sensitive, nor was traction upon the pedicle painful. The pedicle contained no palpable vessels, nor could it be followed into the inguinal canal. The tumor was pronounced by Dr. A. K. Stone to be a fibroma.

The most common seat of fibromata of the vulva is one or the other labium majus, therein differing from the malignant growths, which are more apt to arise in the labia minora or from the clitoris. It has been claimed that vulvar tumors are more often found upon the left than upon the right side, as are also, it is said, cysts of Bartholin's gland, but this does not seem borne out by the cases that I have been able to collect.

The fibrous and fibromyomatous tumors that are seen in this region may have their origin in two main sources: (1) the subcutaneous connective tissue, and (2) the connective tissue and terminal muscular fibres of the round ligament, and possibly in muscular fibres in the skin, while, as curiosities, may be mentioned tumors arising in (a) the pelvic fascia and periosteum of the bony pelvis, (b) the recto-vaginal septum, and (c) the uterus. Largeau, for instance, removed a cystic fibromyoma of seventy-five pounds' weight, the pedicle of which, apparently attached to the left

labium majus, was found to run far back into the pelvis, presumably to the uterus, although the operator did not care to trace it to its origin.

As would be expected, fibromata of the vulva are more common in the colored race than in the white. Thus Ramsey saw twelve cases in negresses to three in white women. They generally first appear in young adult life, that is, at the period of a woman's greatest sexual vigor and activity. There has often been noted the increase in size seen in my case during menstruation and pregnancy, with subsequent decrease with the ebb of the menstrual tide. This vascular menstrual increase is, perhaps, more marked in lipomata and myomata than in the more densely constituted fibromata. Occasionally a case is seen in which there is a permanent increase in size following unwonted activity of the sexual system, as in that of Gillette, in which a girl who had had for fifteen years a trivial tumor in one labium found that, upon her becoming pregnant for the first time, it grew rapidly, until, when she was eight months advanced, it was the size of the tumor I have shown to-night. Such rapid growth is, however, most exceptional, and always should excite suspicion of malignant degeneration.

From their situation, and the extreme elasticity of the tissues in which they are imbedded, these tumors quickly become pedunculated, a tendency perhaps more marked in tumors arising in the subcutaneous connective tissue than in the more firmly attached fibres of the round ligament. While almost always growth is outwards, a case of Kirchhoff is of interest. For some years a girl of eighteen had felt, on lifting anything, as if a body were trying to force itself out from her vagina. One day on lifting a kettle she felt a pain in the genitals, sharp enough to make her faint. Upon examination there was found, dependent

to the middle of her thigh, a fibroma arising from the inner side of the right labium majus, while the hymen showed that it had been recently torn to pieces by the extrusion of this tumor from the vagina.

Should the tumor tend to expand laterally instead of becoming pedunculated, it may press upon or displace the urethra or the meatus or grow at the expense of the vagina, preventing coitus or even becoming a positive bar to parturition (Zielewicz).

Pain is apt to be conspicuous by its absence, and generally it is only inconvenience that leads to surgical treatment. These tumors, however, are naturally much exposed to injury, and an injury is apt to be followed by a low type of ulceration, as in my case, the discomfort of which is often the cause that leads to their removal.

The only treatment is surgical. If the tumor has a thin pedicle nothing can be simpler than its removal. In cases, however, in which the pedicle is of large size, greater care must be taken owing to the sometimes immense vascularity. In a case reported by H. R. Storer, there having been an excessive hemorrhage from an exploratory incision into the mass of the very large tumor, the pedicle was found to consist chiefly of a "congeries of veins and arteries—some of the latter being of immense size, one fully as large as the femoral." Eichholz has reported a similar cavernous fibroid, in which some of the vessels of the pedicle were 12 millimetres in diameter. In such cases hemorrhage can generally be controlled by the assistant's fingers, but it may be necessary to resort to a temporary elastic ligature, with possible transfixion of the pedicle. Cases that are not pedunculated may present greater difficulties. Removal of ramifications of the tumor may involve danger of injury to the bulb and troublesome hemorrhage, and it may not be wise to

follow up too enthusiastically the pedicle of a tumor whose origin is deep in the pelvis or inside the inguinal ring, especially when the patient has, at most, only slight inconvenience from its presence. On the other hand, the possibilities of malignant degeneration must not be forgotten.

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